

flex

2013 enrollment highlights guide

Your Benefits

Find an overview of
your benefits

Page 2

Medical Plans

Learn more about
how the plans work

Page 3

Additional Protection

Prepare for the
unexpected

Page 5

Spending Accounts

Reduce your
out-of-pocket costs

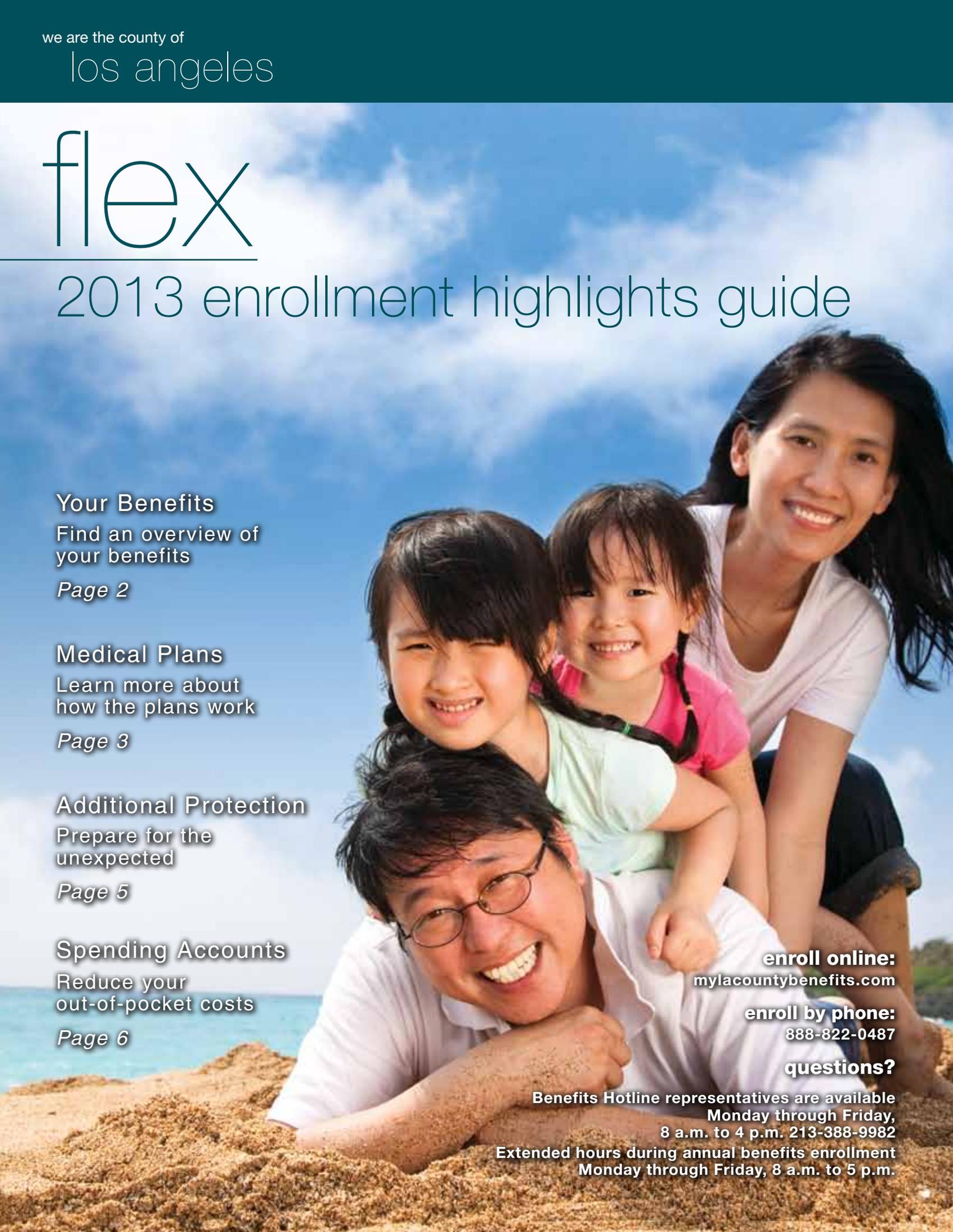
Page 6

enroll online:
mylacountybenefits.com

enroll by phone:
888-822-0487

questions?

Benefits Hotline representatives are available
Monday through Friday,
8 a.m. to 4 p.m. 213-388-9982
Extended hours during annual benefits enrollment
Monday through Friday, 8 a.m. to 5 p.m.



your benefits

The County of Los Angeles cares about you and your family. That's why we offer a comprehensive benefits program that includes medical, dental, life and disability insurance, accidental death and dismemberment, and medical coverage protection (long-term disability health insurance), to help you enrich your life while protecting your future and your loved ones.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more options about your prescription drug coverage. Please see the Medicare notice on page 7 for more details.



Summary Plan Description

Your enrollment materials often refer to the *Flex* Summary Plan Description (SPD). The SPD is a valuable resource containing detailed plan information. You may download a copy of the *Flex* SPD at mylacountybenefits.com.

FLEX 2013 BENEFITS AT A GLANCE

Medical
<ul style="list-style-type: none"> • Kaiser Permanente HMO • Anthem Blue Cross CaliforniaCare HMO • Anthem Blue Cross PLUS POS • Anthem Blue Cross Prudent Buyer PPO • Anthem Blue Cross Catastrophic Plan
Dental
<ul style="list-style-type: none"> • SafeGuard HMO-style Plan • DeltaCare HMO-style Plan • Delta Dental PPO-style Plan
Accidental Death and Dismemberment (AD&D) Insurance
Medical Coverage Protection (Long-Term Disability Health Insurance)
Spending Accounts
<ul style="list-style-type: none"> • Health Care Spending Account • Dependent Care Spending Account
Life Insurance
<ul style="list-style-type: none"> • Basic Term Life Insurance
Optional Life Insurance*
<ul style="list-style-type: none"> • Optional Group Variable Universal Life (GVUL) Insurance • Optional Dependent Term Life
<small>* You pay for both types of optional life insurance with after-tax dollars. Your premiums for the other benefits shown in this chart generally are paid for with pre-tax (before-tax) dollars.</small>

Choose Carefully — Your Elections Are Final

After the enrollment deadline, you will not be able to make any changes until next year's annual benefits enrollment. The only exception is if you have a qualified change in status, such as a change in family or work situation, which may make you eligible to change your elections. Some examples include birth or adoption of a child, marriage or divorce.

Refer to page 10 of the Summary Plan Description (SPD) for details.

medical plans

The following table summarizes some of the highlights for the *Flex* medical plans.

	Health Maintenance Organization (HMO) Plans	Point of Service (POS) Plans	Preferred Provider Organization (PPO) Plans	Catastrophic Plans
Coverage	Provides comprehensive medical coverage, including (but not limited to): <ul style="list-style-type: none"> • Preventive care • Routine medical care • Major medical care • Behavioral health care 			Provides comprehensive medical coverage designed to: <ul style="list-style-type: none"> • Cover preventive care • Protect you from major, unexpected medical expenses
Seeking Care	<ul style="list-style-type: none"> • You choose a primary care physician (PCP) who oversees your care and refers you to HMO specialists • You have a network of HMO providers to choose from who serve specific geographic areas • Except for emergency care, you must be treated by an HMO network physician or hospital to receive benefits 	<ul style="list-style-type: none"> • You choose a primary care physician (PCP) who oversees your care and refers you to specialists • You have the freedom to see any licensed doctor or specialist without a referral from your PCP • Your out-of-pocket expenses will be lower when you coordinate care through your PCP and use network providers 	<ul style="list-style-type: none"> • You can see any licensed doctor or specialist • Your out-of-pocket expenses will be lower when you use providers from the PPO network of participating doctors, hospitals and other health care providers 	<ul style="list-style-type: none"> • You can see any licensed doctor or specialist
Determining Costs for Services	<ul style="list-style-type: none"> • There are no deductibles • You pay a specified amount for many services • Without the cost of a deductible and with generally lower copays, HMOs typically cost less than PPO plans 	<ul style="list-style-type: none"> • There is no deductible if you use network providers and coordinate your care through your PCP • Out-of-pocket expenses are lower when you use network providers and coordinate your care through your PCP 	<ul style="list-style-type: none"> • There is a deductible before the plan pays benefits • Deductible is waived for preventive care when you use network providers • Out-of-pocket expenses are lower when you use network providers 	<ul style="list-style-type: none"> • You are responsible for paying the cost of your care until you reach the annual deductible • Once you satisfy your annual deductible, most benefits are covered at 75%

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the SPD, which can be found online at mylacountybenefits.com.

To Find A Network Medical Provider:

Kaiser Permanente HMO

- Go to www.my.kp.org/ca/countyofla
- Select “clinical staff directory” in the “Get Started Now” section

Anthem Blue Cross

- Go to www.anthem.com/ca/countyoflosangeles
- Select “Find a Doctor”

Tobacco User Fee

Tobacco users pay an after-tax charge of \$20 per month. This fee will be waived if you certify that you have not used tobacco or tobacco products within the last 12 months, or certify that you are having difficulty stopping smoking due to nicotine addiction and will actively participate in a smoking cessation program available under the County medical plans during the Plan Year.

dental plans

Your *Flex* program offers two HMO-style dental plan options:

- SafeGuard
- DeltaCare

In addition, you have a PPO-style dental plan option:

- Delta Dental

When you enroll in one of the **HMO-style dental plans**, you choose a dental office, which becomes your “primary care office,” and you must go to this office for all of your dental care.

The **PPO-style dental plan** option offers two different networks of participating dentists and dental care providers:

- Delta Preferred Provider Option (PPO) network: Using this network offers the highest benefits. Most preventive services are covered at 100%; many other services are covered at 85%. You pay no deductible.
- Delta Participating Dentist network: Delta pays benefits based on a

fee agreement with the network’s dentists. Most routine services are covered at 80%, after you’ve met a deductible.

When you enroll in a PPO-style dental plan, you can go to any dentist in either network, or to an out-of-network dentist.

When you use network providers, the plan pays higher benefits (you pay less).

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the SPD, which can be found online at mylacountybenefits.com.

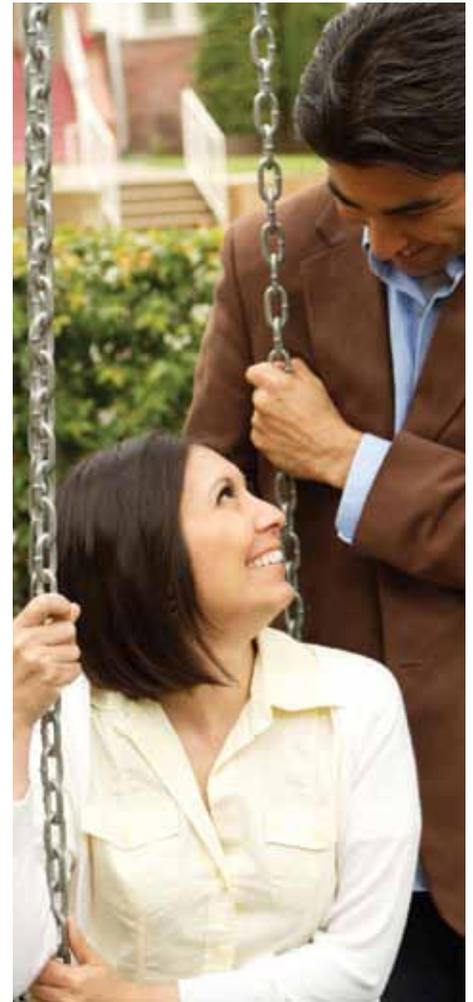
To Find A Network Dentist:

SafeGuard

- Go to www.safeguard.net
- Select “Find a Dentist” and follow the instructions

DeltaCare and Delta Dental

- Go to www.deltadentalins.com
- Select “Find a Dentist” and follow the instructions



prescription drug benefits



Your medical coverage includes prescription drug coverage. For more details about your prescription drug benefits, review the Medical and Dental Plans Comparison Chart you received with this guide or contact your medical plan.

If you are taking “maintenance medication” — for high blood pressure, cholesterol, thyroid conditions, or birth control, for example — using your plan’s mail-order service will generally save you money. Plus, you get the convenience of having your medications

delivered to you rather than having to pick them up at the pharmacy.

Save Money with Generic Drugs

You’ll save money when you substitute brand-name drugs with generic drugs, which become available when the original patent on the brand-name drug expires. When you’re prescribed a brand-name drug, you should ask your health care provider whether the generic version is available.

additional protection

Sometimes, the unexpected happens and it affects not just your own life but also the lives of those you care about. Your *Flex* program offers life insurance, accidental death and dismemberment insurance, and LTD health insurance to protect you and your family.

Life Insurance

The County gives you basic life insurance at no cost to you.

- Safety Members of Retirement Plan A or B, or General Members of Retirement Plan A, B, C, or D: You are insured for \$2,000.
- Members of Retirement Plan E: You are insured for \$10,000.

You may buy optional group variable universal life (GVUL) insurance at low monthly group rates for yourself and for your spouse/domestic partner and dependent children. See the *Flex* SPD or go to mylacountybenefits.com for more information.

Medical Coverage Protection (LTD Health Insurance)

This plan is designed to help you continue your medical insurance coverage if you are eligible for long-term disability.

If you are participating in the *Flex* program and become disabled after January 1, 2007, you'll be covered by LTD health insurance at no cost to you, provided you meet the eligibility requirements. LTD health insurance pays 75% of your monthly medical premium and you pay the remaining 25%. If you're eligible for LTD health insurance, you can elect to buy additional coverage at a cost of \$3.00 per month, which pays 100% of your medical plan premium while you receive LTD benefits.

If you do not elect (or you cancel) the optional 100% LTD health insurance coverage for a Plan Year, you cannot elect this coverage for the next Plan Year. You must wait two calendar years before you again have the option to elect this coverage. See the *Flex* SPD or go to mylacountybenefits.com for more information.

Optional Group Variable Universal Life (GVUL) Insurance

As an eligible *Flex* participant, you can buy GVUL insurance for yourself. If you purchase optional GVUL insurance, you may also purchase a limited amount of life insurance coverage for your spouse/domestic partner and dependent

children. The GVUL program is available through MetLife and offers premiums at affordable group rates. You can keep your coverage if you end your employment with the County. You can purchase coverage of one-half to eight times your annual salary. You pay the cost of coverage after-tax. See the *Flex* SPD or go to mylacountybenefits.com for more information.

Accidental Death and Dismemberment Insurance

You can buy accidental death and dismemberment (AD&D) insurance at low monthly rates. If you die in an accident, become paralyzed, or lose a limb, eyesight, speech, or hearing because of an accident, your AD&D insurance pays benefits. Review your Personalized Enrollment Worksheet for AD&D coverage amounts and monthly costs.

If you have AD&D coverage under *Flex*, you may also buy coverage for your eligible spouse/domestic partner and dependent children. See the *Flex* SPD or go to mylacountybenefits.com for more information.



spending accounts

Spending Accounts offer a great way to save money on health care and dependent care. You never pay federal or state taxes on the money you contribute. That means you could save between 10% and 30% on every dollar you spend on health care or dependent care, depending on your tax bracket. Learn more about eligibility and covered expenses by reading the Spending Account section of the *Flex SPD*.

Flex offers two types of Spending Accounts:

- A **Health Care Spending Account** allows you to pay for eligible medical expenses with tax-free dollars, including medical plan copays, deductibles, prescription drugs, eyeglasses and contacts, out-of-pocket dental expenses, and many other medical expenses.
- A **Dependent Care Spending Account** enables you to pay dependent care expenses (such as the cost of properly licensed day care centers, summer day camp, nursery school, preschool, child and adult day care provided at your home) while you and your spouse work outside the home.

Dependent Care expenses must relate to the care of either a:

- Child under the age of 13
- Mentally or physically disabled child of any age, or
- Legally dependent adult who spends a minimum of eight hours each day in your home and is unable to care for himself/herself

See the *Flex SPD* or go to mylacountybenefits.com for more information about what other types of expenses you can pay with tax-free dollars through a Spending Account.

You can enroll in either the Health Care or Dependent Care Spending Account (or both). When you enroll, you decide how much to contribute to each account. You may contribute a maximum of \$200 a month to the Health Care Spending Account and \$400 a month to the Dependent Care Spending Account in 2013. If you are eligible and enroll in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution based on your annual pay. And you don't even need to contribute. See the chart below to find out how much the County will contribute in 2013.

New for 2013

Maximum contribution limits for Health Care Spending Accounts have been reduced from \$400 a month (\$4,800 a year) to \$200 a month (\$2,400 a year) as a result of Health Care Reform. Limits to Dependent Care Spending Accounts remain the same at \$400 a month (\$4,800 a year).

Use It or Lose It

You should carefully estimate the amount of expenses that you'll be able to pay from these accounts to determine how much you want to contribute. If there's money left in your account at year end, the IRS requires that it be forfeited. That's why it's important to take a little time to plan, and don't put more in your account than you think you need to spend for the year.

Expenses for both types of Spending Accounts must be incurred by December 31, 2013, and submitted for reimbursement by June 30, 2014. Under the County's program, some expenses (such as insurance premiums) are not eligible for reimbursement under the Health Care Spending Account.

County Contributions Make Your Dependent Care Spending Account Even More Valuable

If you enroll in a Dependent Care Spending Account, the County will add money to your account based on your annual pay, whether or not you contribute. The County's contributions are tax free, but you must enroll to be eligible for the County contribution.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution)
Less than \$30,000	\$375
\$30,000 to \$34,999	\$300
\$35,000 to \$39,999	\$275
\$40,000 to \$44,999	\$200
\$45,000 to \$49,999	\$125
\$50,000 or more	\$75

Check Out the Spending Account Online Tutorial and Calculator!

Online tutorials and calculators are an easy way to learn how to use Spending Accounts and plan your contribution amount. To access the online tutorials, log on to mylacountybenefits.com and select "Online Tutorials" from the "my tools" drop down menu at the top of the page.

Total contributions, yours and the County's, to a Dependent Care Spending Account cannot exceed the IRS limit of \$4,800 a year if married and filing jointly or \$2,500 if married and filing separately.

Important Note: The County caps total annual County contributions. If the cap is reached for 2013, the monthly contribution described above will be reduced pro rata for the month in which the cap is reached and then will be stopped completely for the remainder of the Plan Year. Because of the cap, there is no guarantee that you will receive the full monthly contribution shown above during the entire plan year. You will be notified if the County contribution is reduced or stopped during the Plan Year. See the *Flex SPD* or go to mylacountybenefits.com for more information.

important notice from the County of Los Angeles about your prescription drug coverage and medicare

Please read this notice carefully and keep it where you can find it.

This notice provides information about your current prescription drug coverage under the County of Los Angeles (County) *Flex* Plan or *Mega-Flex* Plan, the prescription drug coverage that will be provided under *Flex* and *Mega-Flex* as of January 1, 2013, and prescription drug coverage available for individuals with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll in this coverage. If you are considering enrolling in a Medicare prescription drug plan, you should compare your current coverage, including which drugs are offered and associated costs for those drugs, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

There are two important facts you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The County has determined that the prescription drug coverage currently offered under Kaiser HMO; Blue Cross CaliforniaCare HMO, Plus POS, Prudent Buyer PPO, and Catastrophic plans; and the coverage that will be offered under these plans as of January 1, 2013, is on average for all plan participants who participate in any of these health plans expected to pay out as much as the standard Medicare prescription drug coverage will pay, and that such coverage is therefore considered Creditable Coverage. Because all of the health plans available under *Flex* and *Mega-Flex* provide Creditable Coverage, you may elect any of these coverage options for the 2013 plan year and not pay a higher premium (a penalty) if you decide to enroll in a Medicare prescription drug plan on a later date, provided that you do not experience a 63-day break in coverage (as discussed in more detail below).

When Are You Eligible to Enroll in a Medicare Prescription Drug Plan?

You may enroll in a Medicare prescription drug plan when you first become eligible for Medicare and thereafter during each calendar year from October 15th through December 7th.

If you lose your Creditable Coverage under *Flex* and *Mega-Flex* through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period to enroll in a Medicare prescription drug plan.

What Happens to Your Current Creditable Coverage if You Decide to Enroll in a Medicare Prescription Drug Plan?

If you participate in **Kaiser or any of the Blue Cross plans**, you may: (1) keep your existing coverage without enrolling in a Part D plan; (2) keep your existing coverage and enroll in a Part D plan as a supplement to that coverage; or (3) drop your existing coverage and enroll in a Part D plan. If you elect Medicare Part D coverage as a supplement to your existing coverage, your current coverage will not be affected. Alternatively, if you elect Medicare Part D coverage through Kaiser and also assign Medicare Parts A and B to Kaiser, you will be placed in the Kaiser Sr. Advantage Plan, which will coordinate with Medicare.

If you do decide to join a Medicare prescription drug plan and drop your current coverage, you and your dependents would be able to reenroll in the future during a *Flex* or *Mega-Flex* open enrollment period.

Please contact the County of Los Angeles Benefit Plan Administrator for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

When Will You Pay a Higher Premium (a Penalty) to Join a Medicare Prescription Drug Plan?

It is important to note that if you drop or lose your coverage with the County and, although you are eligible to do so, you do not enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in a Medicare prescription drug plan on a later date.

If you go 63 continuous days or longer without Creditable Coverage, when you enroll in Medicare prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have such coverage. For example, if you go 19 months without Creditable Coverage, your premium under Medicare may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. Additionally, you may have to wait until the beginning of the next enrollment period for Medicare prescription drug plans (i.e., October 15th) to enroll in the Medicare coverage.

For More Information About this Notice or Your Current Prescription Drug Coverage...

Please contact the **County of Los Angeles Benefit Plan Administrator** at the address listed below or the **Benefits Hotline** at the phone number listed below for further information.

NOTE: You will receive this notice at other times in the future indicating that you may enroll in Medicare prescription drug coverage. For example, you will receive this notice prior to the next annual enrollment period during which you may enroll in Medicare coverage and you will also receive a notice if your current prescription drug coverage with the County changes. You may request a copy of this notice by contacting the County of Los Angeles Benefit Plan Administrator at the address or phone number listed below.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you are eligible for Medicare, you will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov,
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You handbook for their telephone number) for personalized help, or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you may call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember to keep this notice. If you enroll in a Medicare drug plan, you may be required to provide a copy of this notice when you join to show that you maintained creditable coverage and that you are not required to pay a higher premium amount for coverage (a penalty).

Date: September 15, 2012

Entity providing this Notice:

County of Los Angeles

Contact: Benefit Plan Administrator

Address: 3333 Wilshire Boulevard, Suite 1000, Los Angeles, CA 90010

Benefits Hotline: (213)-388-9982



CONTACT INFORMATION

Contact	Phone Number	Fax Number	Website
BENEFITS SYSTEM			
Benefits Enrollment	888-822-0487	310-788-8775	www.mylacountybenefits.com
COUNTY DEPARTMENT OF HUMAN RESOURCES			
Benefits Hotline	213-388-9982	N/A	http://www.dhr.lacounty.info/
MEDICAL			
Kaiser Permanente	800-464-4000	N/A	www.kp.org/countyofla
Anthem Blue Cross	866-940-8303	N/A	www.anthem.com/ca/countyoflosangeles
DENTAL			
SafeGuard	800-880-1800	N/A	www.safeguard.net
DeltaCare	800-422-4234	N/A	www.deltadentalins.com
Delta Dental	888-335-8227	N/A	www.deltadentalins.com
SPENDING ACCOUNTS			
Benefit Concepts, Inc.	866-629-6436	866-629-6390	www.mylacountybenefits.com
LIFE			
MetLife	800-846-0124	N/A	www.mylacountybenefits.com * Click on the MetLife link
AD&D			
CIGNA Life	800-842-6635	N/A	www.mycigna.com

The County reserves the right to take appropriate action against anyone who knowingly presents a false or fraudulent claim under the Plan, or who otherwise attempts to defraud the Plan, including (but not limited to) termination from participation in the Plan and of employment.

This Highlights Guide is not an official Summary Plan Description (SPD) or official plan document. If you need a copy of an official plan document, contact the plan's customer service department directly. If there is a difference between what you read in this guide and what you read in an official plan document, the official plan document will rule.